

SCENE SIZE-UP & INITIAL ASSESSMENT

OVERVIEW

- SCENE SIZE-UP
- GENERAL IMPRESSION
- MENTAL STATUS
- AIRWAY
- BREATHING
- CIRCULATION
- PRIORITY
- HISTORY

Scene Size-up/Assessment

- Body substance isolation review
 - Eye protection if necessary
 - Gloves if necessary
 - Gown if necessary
 - Mask if necessary

Scene safety

- Definition - an assessment to assure the well-being of the EMT-Basic
- Personal protection - Is it safe to approach the patient?
 - Crash/rescue scenes
 - Toxic substances - low oxygen areas
 - Crime scenes - potential for violence
 - Unstable surfaces: slope, ice, water
- Protection of the patient - environmental considerations
- Protection of bystanders - if appropriate, help the bystander avoid becoming a patient
- If the scene is unsafe, make it safe. Otherwise, do not enter

- Definition - an assessment of the scene and surroundings that will provide valuable information to the EMT-Basic
- Mechanism of injury/ nature of illness
 - Medical
 - Nature of illness - determine from the patient, family or bystanders why EMS was activated
 - Determine the total number of patients. If there are more patients than the responding unit can effectively handle, initiate a mass casualty plan.
 - Obtain additional help prior to contact with patients: law enforcement, fire, rescue, ALS, utilities. EMT-Basic is less likely to call for help if involved in patient care
 - Begin triage

• Trauma

- Mechanism of injury - determine from the patient, family or bystanders and inspection of the scene what is the mechanism of injury
- Determine the total number of patients
- If there are more patients than the responding unit can effectively handle, initiate a mass casualty plan
- Obtain additional help prior to contact with patients. EMT-Basic is less likely to call for help when involved in patient care
- Begin triage
- If the responding crew can manage the situation, consider spinal precautions and continue care

- General Impression of the Patient

- Definition

- The general impression is formed to determine priority of care and is based on the EMT-Basic's immediate assessment of the environment and the patient's chief complaint
- Determine if ill, i.e., medical or injured (trauma). If injured, identify mechanism of injury
- Age
- Sex
- Race

- Assess patient and determine if the patient has a life threatening condition

- If a life threatening condition is found, treat immediately
- Assess nature of illness or mechanism of injury

- Assess Patient's Mental Status. Maintain Spinal Immobilization if Needed
 - Begin by speaking to the patient. State name, tell the patient that you are an emergency medical technician, and explain that you are here to help
 - Levels of mental status
 - Alert
 - Responds to Verbal stimuli.
 - Responds to Painful stimuli.
 - Unresponsive - no gag or cough

- **Assess the Patient's Airway Status**

- **Responsive patient - Is the patient talking or crying?**

- If yes, assess for adequacy of breathing.
 - If no, open airway

- **Unresponsive patient - Is the airway open?**

- Open the airway. Positioning is patient, age, and size specific
 - For medical patients, perform the head-tilt chin-lift
 - Clear
 - Not clear - Clear the airway
 - For trauma patients or those with unknown nature of illness, the cervical spine should be stabilized/immobilized and the jaw thrust maneuver performed
 - Clear
 - Not clear - Clear the airway

• Assess the Patient's Breathing

- If breathing is adequate and the patient is responsive, oxygen may be indicated
- All responsive patients breathing >24 breaths per minute or <8 breaths per minute should receive high flow oxygen (defined as a 15 LPM nonrebreather mask)
- If the patient is unresponsive and the breathing is adequate, open and maintain the airway and provide high concentration oxygen
- If the breathing is inadequate, open and maintain the airway, assist the patient's breathing and utilize ventilatory adjuncts. In all cases oxygen should be used
- If the patient is not breathing, open and maintain the airway and ventilate using ventilatory adjuncts. In all cases oxygen should be used

- Assess the Patient's Circulation

- Assess the patient's pulse

- The circulation is assessed by feeling for a radial pulse
 - In a patient one year old or less, palpate a brachial pulse
 - If no radial pulse is felt, palpate carotid pulse
 - If pulseless, medical patient >12 years old, start CPR and apply automated external defibrillator (AED)
 - Medical patient < 12 years old, start CPR.
 - Trauma patient, start CPR
 - Assess if major bleeding is present. If bleeding is present, control bleeding
 - Assess the patient's perfusion by evaluating skin color and temperature

- The patient's skin color is assessed by looking at the nail beds, lips and eyes
- Normal - pink
- Abnormal conditions
- Pale
- Cyanotic or blue-gray
- Flushed or red
- Jaundice or yellow
- Assess the patient's skin temperature by feeling the skin
- Normal - warm
- Abnormal skin temperatures
- Hot
- Cool
- Cold
- Clammy - cool & moist

- Assess the patient's skin condition. This is an assessment of the amount of moisture on the skin
- Normal - dry
- Abnormal - moist or wet
- Assess capillary refill in infant and child patients
- Normal capillary refill is less than two seconds
- Abnormal capillary refill is greater than two seconds

- Identify Priority Patients.

- Consider:

- » Poor general impression
- » Unresponsive patients - no gag or cough
- » Responsive, not following commands
- » Difficulty breathing
- » Shock (hypoperfusion)
- » Complicated childbirth
- » Chest pain with BP <100 systolic
- » Uncontrolled bleeding
- » Severe pain anywhere

- Expedite transport of the patient. Consider ALS back up

- Proceed to the appropriate focused history and physical examination

SUMMARY

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